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STATISTICAL REPORT 1986

SEXUALLY TRANSMITTED DISEASE CONTROL

Alberta

COMMUNITY AND
OCCUPATIONAL HEALTH

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OVERVIEW

INTRODUCTION

Sexually Transmitted Disease Control provides a comprehensive program for the control of sexually transmitted disease in Alberta. The division makes available diagnostic and treatment services through clinics located in Edmonton and Calgary. The Lethbridge Clinic was closed in March 1986. The division also provides epidemiologic services, consultation to physicians, data monitoring, disease surveillance and public and professional education. Although operated under the auspicies of the health unit, the Fort McMurray clinic provides these same services to that city and its surrounding area.

THE DISEASES

Surveillance is maintained for the five notifiable diseases: non-gonococcal urethritis (NGU) / mucopurulent cervicitis (MPC), gonorrhea, syphilis, chancroid and lymphogranuloma venereum.

Non-gonococcal urethritis and mucopurulent cervicitis (NGU/MPC) continue to be a major concern for health care professionals. There were 11,051 cases reported giving a rate of 448.7/100,000 population. These diseases are of particular concern because the two highest age and sex rates are found in the 15 - 19 and 20 - 24 year old female groups in whom the sequelae of pelvic inflammatory disease and subsequent infertility is most likely to occur.

The decrease in the number of cases and incidence rate of gonorrhea during 1986 continues a five year trend. 4991 cases were reported in 1986 representing a 12.3% decline over 1985. The case ratio of NGU/MPC to gonorrhea is 2.2:1. Cases of penicillinase-producing Neisseria gonorrheae compared to 1985 increased 135% to 47 cases.
Cases of syphilis declined by 44.8% with 162 reported. The majority of these cases were late latent disease.

Acquired Immunodeficiency Syndrome (AIDS) is a major concern for the public and health care professionals. Human Immunodeficiency Virus (HIV) testing is available at all three STD clinics and an increasing number of individuals are availing themselves of this service.

The number of laboratory tests for Herpes simplex virus indicates continuing public concern about this disease.

THE PROGRAMS:

Client utilization of sexually transmitted disease clinics dropped in 1986. Weekly visits to the clinics averaged 308 and 215 in Edmonton and Calgary respectively. This corresponds with the reduced incidence of gonorrhea in the Province.

An increase in the number of patients requesting counselling,and screening and the follow up of individuals with HIV infection, AIDS Related Complex, and AIDS has substantially increased the average time that staff members spend with each patient. This has significantly increased clinic workload.

Although there is a dramatic increase in the number of cases of penicillinase-producing Neisseria gonorrhoeae over 1985 these cases account for only 0.9% of the total. Specific control measures including laboratory identification, appropriate treatment and intensive contact tracing have continued to control this infection.

Public awareness and education continue to be a priority of Sexually Transmitted Disease Control. The media's concern with AIDS provided medical staff with the opportunity to disseminate information not only on that disease but on sexually transmitted diseases in general.

The number of educational presentations rose 49% over 1985. There was an 80% increase in sessions provided to junior high school students and a 40% increase in senior high school presentations, reflecting a continuing focus on education for the adolescent population of Alberta.

REPORTED CASES OF NOTIFIABLE DISEASES

TABLE 1

Table 1 indicates the number of cases of notifiable diseases reported to Sexually Transmitted Disease Control in 1986.

Reported cases of non-gonococcal urethritis/mucopurulent cervicitis (NGU/MPC) numbered 11,051. This disease became reportable in Alberta on July 1, 1985 and so comparison between 1985 and 1986 figures is not possible.

The reported cases of confirmed gonorrhea decreased by 699 from 1985, a 12.3 % decline. This is the fifth consecutive year in which cases of gonorrhea have decreased. Male cases exceeded female cases by 277, giving a male to female ratio of 1.2:1. This continues the trend of a decrease in the ratio of males to females first noted four years ago.

There were 162 cases of syphilis reported in 1986, a decrease of 44.1% over 1985. Infectious syphilis (primary, secondary and early latent) comprised 34% of the total, compared to 63.1% in 1985 and 84% in 1984. Late latent syphilis has remained basically unchanged with 96 cases diagnosed in 1986 compared with 99 cases in 1985. Late disease in the form of neurosyphilis remains low with 7 cases diagnosed in 1986 and 5 cases in 1985. The one case of congenital syphilis diagnosed was in a male in the 10 - 14 year old age group.In 1985 the male to female ratio for all stages of syphilis was 2.4:1. In 1986 the ratio was 1.6:1

The single case of chancroid was diagnosed in an individual who had acquired the infection during travel to an endemic area.

ALBERTA: 1986

TABLE 1

CASES OF REPORTED NOTIFIABLE DISEASES

	1		1 - 4		5 - 9		10 - 14		15 - 19		20 - 24		25 - 29		30 - 39		40 - 59		60+		AGE N/S		TOTAL
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	
GONORRHEA			3	4	1	4	6	41	373	849	972	864	623	358	428	160	186	30	18	2	24	45	4991
NGU/MPC				2		2	2	57	520	1795	976	2090	1585	883	1125	393	337	89	20	3	87	85	11051
CHANCROID													1										1
SYPHILIS (TOTAL)							1		4	7	8	13	22	11	35	13	22	7	8	11			162
PRIMARY									2	1	2	3	5	4	7	2	5		1				32
SECONDARY										1		4	2		2		2	2	1				14
EARLY LATENT										1		1	1	1	2	1	1	1					9
LATE LATENT									2	1	5	5	13	6	23	10	13	4	3	11			99
LATENT UNSPECIFIED																							
NEURO SYPHILIS											1		1		1		1		3				7
AQUIRED STAGE UNKNOWN																							
CONGENITAL							1																1
TOTAL			3	6	1	6	9	98	897	2651	2956	2967	2231	1252	1588	566	645	126	46	16	111	130	16205

GONORRHEA: Male 2634
Female 2357

NGU/MPC: Male 5652
Female 5399

SYPHILIS: Male 100
Female 62

INCIDENCE RATES FOR NON-GONOCOCCAL URETHRITIS/MUCOPURULENT CERVICITIS, GONORRHEA AND SYPHILIS

TABLES 2, 3 and 4

The incidence rate for non-gonococcal urethritis/mucopurulent cervicitis is 448.7 per 100,000 population. The highest age and sex specific rate of 1970.4 is seen in the 15 - 19 year old female group, followed by the 20 - 24 year old female and 20 - 24 year old male groups with rates of 1808.0 and 1778.6 respectively.

The incidence rate for gonorrhea showed a significant decline of 12.9% over 1985, from 233.1 to 203.0 per 100,000 population. The highest age and sex specific rate of 931.9 occured in 15 - 19 year old females, an increase of 2.7% over 1985, followed by males aged 20 - 24 years with a rate of 874.9. The only other group in which the rate increased, when compared to 1985 figures, was the female 25 - 29 year old group who, with a rate of 278.2, showed a 5.9% increase.

The decline of 43.7% in the incidence rate of syphilis over 1985,from 11.9 to 6.7 per 100,000, continues the decline first observed in 1985 following an outbreak that peaked in 1984.

ALBERTA DISEASE INCIDENCE

EXPRESSED AS A RATE PER 100,000 POPULATION

TABLE 2 NON-GONOCOCCAL URETHRITIS/MUCOPURULENT CERVICITIS

Sex \ Age	< 15	15 - 19	20 - 24	25 - 29	30 - 39	40 - 59	60+	TOTAL
MALE	0.7	550.8	1778.6	1204.4	519.2	147.4	16.1	463.9
FEMALE	22.0	1970.4	1808.0	686.1	191.6	40.9	2.0	448.4
TOTAL	11.1	1248.7	1793.6	948.1	359.9	95.5	8.4	448.7

TABLE 3 GONORRHEA

Sex \ Age	< 15	15 - 19	20 - 24	25 - 29	30 - 39	40 - 59	60+	TOTAL
MALE	3.4	395.1	874.9	473.4	202.1	81.4	14.5	217.6
FEMALE	17.6	931.9	747.4	278.2	78.0	13.8	1.3	195.0
TOTAL	10.3	659.1	821.8	376.9	139.4	48.4	7.3	203.0

TABLE 4 SYPHILIS

Sex \ Age	<15	15 - 19	20 - 24	25 - 29	30 - 39	40 - 59	60+	TOTAL
MALE	0.3	4.2	7.2	16.7	16.2	9.6	6.4	8.3
FEMALE	0	7.7	11.2	8.5	6.3	3.2	7.3	5.2
TOTAL	0.2	5.9	7.9	12.7	11.4	6.5	6.9	6.7

NOTIFICATIONS BY REPORTING AGENCY

TABLES 5 and 6 GRAPHS 1, 2 and 3

Notifications of non-gonococcal urethritis / mucopurulent cervicitis (NGU/MPC) received from physicians in 1986 comprised 44.7% of the total cases and 58% of gonorrhea reported. With the addition of laboratory confirmed disease where no notification is received from the physician these percentages increased to 48.8% and 64.9% respectively. The combined sexually transmitted disease clinics contributed 51.2% of NGU/MPC and 35.1% of gonorrhea reported, with the remaining cases reported by the correctional institutes.

Physician diagnosed cases of gonorrhea declined numerically but increased from 61.1% in 1985 to 64.9% in 1986 of all cases of gonorrhea reported. The ratio of male to female patients seen by physicians differs significantly when compared to the clinics. Physicians male:female ratios were 1:2.6 and 1:1.2 for NGU/MPC and gonorrhea respectively while the clinics ratios were 2.8:1 and 1.93:1 respectively. The male:female difference in service utilization was greater in the under 20 year old age group, with physicians reporting a 1:7.8 ratio in patients with NGU/MPC and a 1:2.6 ratio in those with gonorrhea compared to the clinics where the ratios were 1:1.3 and 1:2.0 respectively.

44.4% of the 162 cases of syphilis were reported by physicians. The sexually transmitted disease clinics accounted for 55.5% of the total. Of those reported by the clinics, Edmonton accounted for 63.3% while Calgary reported 31.1% indicating that the centre for syphilis is still in Edmonton.

TABLE 5

ALBERTA: 1986

CASES OF NON-GONOCOCCAL URETHRITIS
MUCOPURULENT CERVICITIS
ACCORDING TO REPORTING AGENCY
BY AGE AND SEX

	1		1 - 4		5 - 9		10 - 14		15 19		20 - 24		25 - 29		30 - 39		40 - 59		60+		AGE N/S		TOTAL
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	
PHYSICIANS				2		1		32	161	1252	576	1401	319	558	222	207	52	39	4	3	50	55	4934
EDMONTON CLINIC								6	199	273	775	305	745	157	576	102	193	30	10		19	7	3397
CALGARY CLINIC									121	148	531	205	466	98	291	59	83	16	6		1		2025
FT. MCMURRAY CLINIC							2	4	23	24	44	32	33	13	15	4	3						197
LETHBRIDGE CLINIC*									3	3	9	2	10		5	2	2						36
CORR. INSTITUTES								2		2													4
POSITIVE CULTURES						1		13	13	93	41	145	12	57	16	19	4	4			17	23	458
TOTAL				2		2	2	57	520	1795	1976	2090	1585	883	125	393	337	89	20	3	87	85	11051

* LETHBRIDGE CLINIC STATISTICS TO MARCH ONLY

TABLE 6

ALBERTA: 1986

CASES OF CONFIRMED GONORRHEA
ACCORDING TO REPORTING AGENCY
BY AGE AND SEX

	< 1		1 - 4		5 - 9		10 - 14		15 - 19		20 - 24		25 - 29		30 - 39		40 - 59		60+		Age N/S		TOTAL
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	
PHYSICIANS			2		1	3	3	23	213	536	538	606	284	244	190	100	79	18	8	2	14	31	2895
EDMONTON CLINIC							3	5	79	159	208	112	177	51	134	18	61	3	5		2	3	1020
CALGARY CLINIC								1	48	86	143	61	111	24	78	19	33	3	4				611
FT.MCMURRAY CLINIC								3	8	18	26	18	21	7	5	4		1	1				112
LETHBRIDGE CLINIC*											1	1	3		1		1						7
CORR. INSTITUTE								1	1	1													3
POSITIVE CULTURES			1	4		1		8	24	49	56	66	27	32	20	19	12	5			8	11	343
TOTAL			3	4	1	4	6	41	373	849	972	864	623	358	428	160	186	30	18	2	24	45	4991

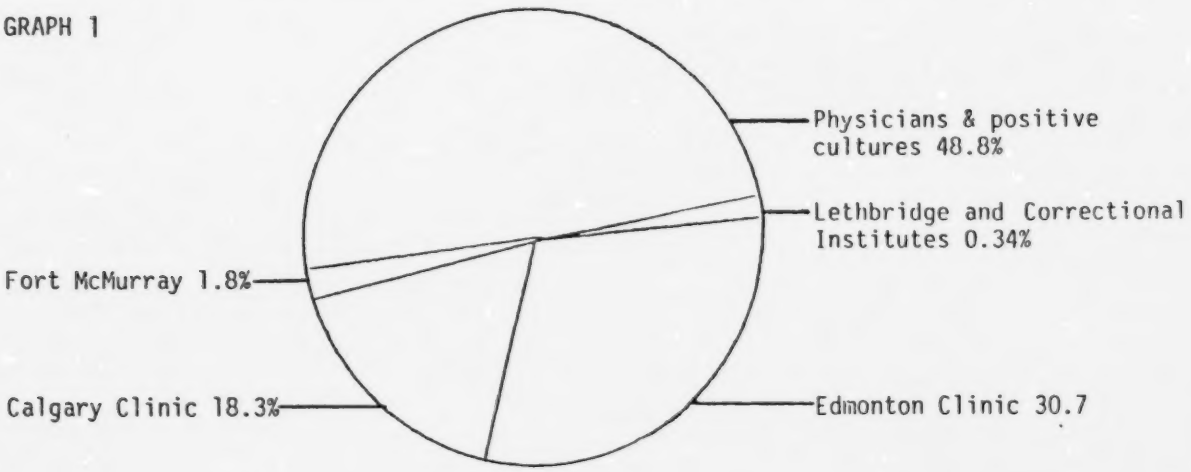
*LETHBRIDGE CLINIC STATISTICS UNTIL MARCH ONLY

ALBERTA: 1986

PERCENTAGE OF REPORTED CONFIRMED CASES
OF NON-GONOCOCCAL URETHRITIS/MUCOPURULENT CERVICITIS,
GONORRHEA AND SYPHILIS BY REPORTING AGENCY

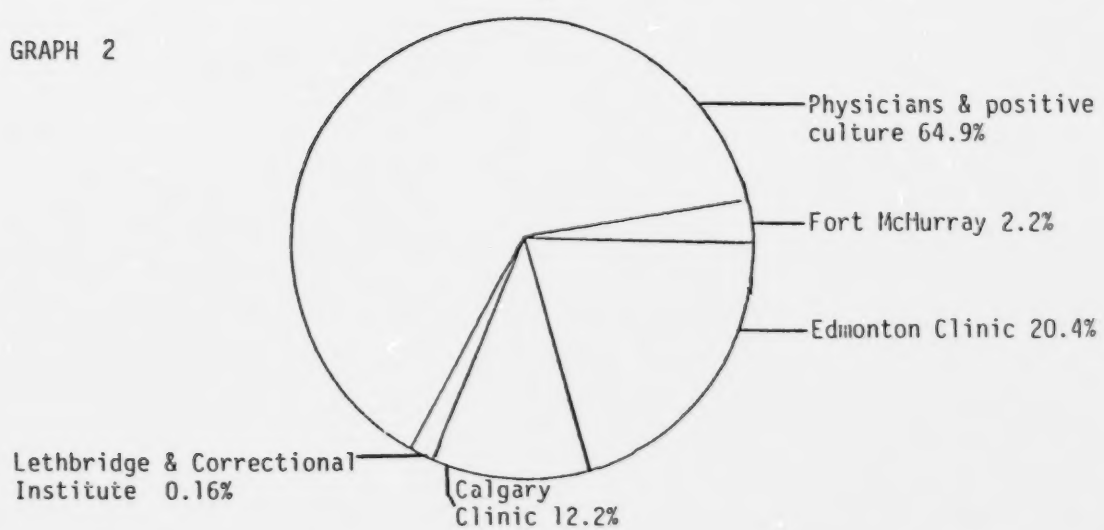
NON-GONOCOCCAL URETHRITIS/MUCOPURULENT CERVICITIS

GRAPH 1



GONORRHEA

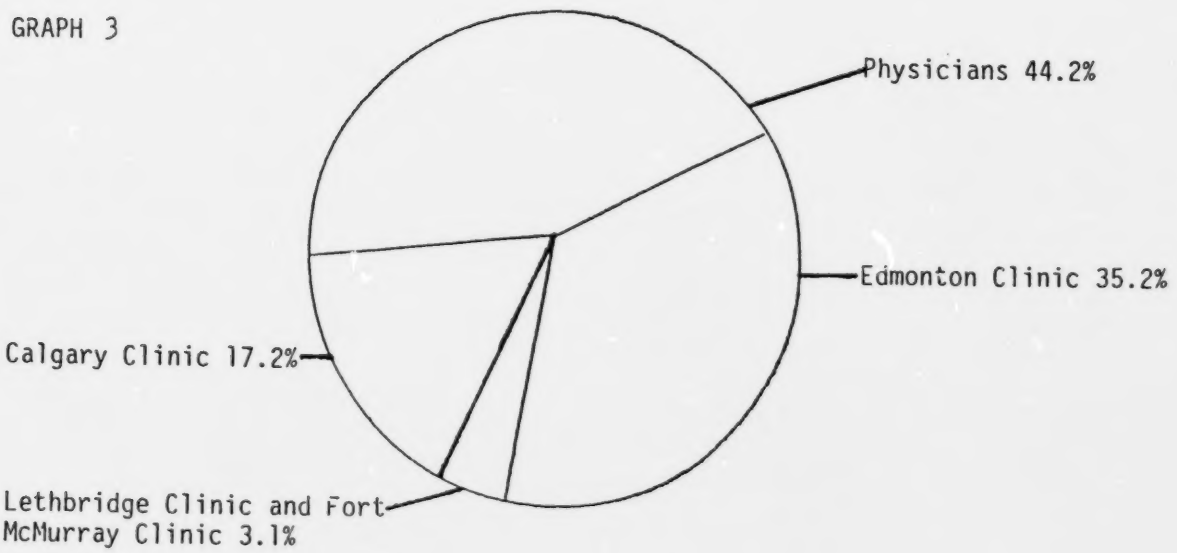
GRAPH 2



ALBERTA: 1986

PERCENTAGE OF REPORTED CASES
OF SYPHILIS BY REPORTING AGENCY

GRAPH 3



SYPHILIS and GONORRHEA
TRENDS SINCE 1950

TABLE 7 and GRAPH 4

The table and accompanying graph depict cases and rates for gonorrhea and syphilis for the past 37 years.

The large decline in gonorrhea rates first noted in 1982 continues. Rates have returned to those noted in the early 1960's. Male rectal gonorrhea has shown the greatest decline with only 26 isolates identified in 1986. This remarkable decline is attributed to AIDS and education programs addressing risk reduction and safer sex practices in homosexual men.

Both the number of cases and rate for syphilis are at the low 1979 level and indicate control of the 1984 syphilis outbreak.

ALBERTA : 1950 - 1986

SYPHILIS AND GONORRHEA

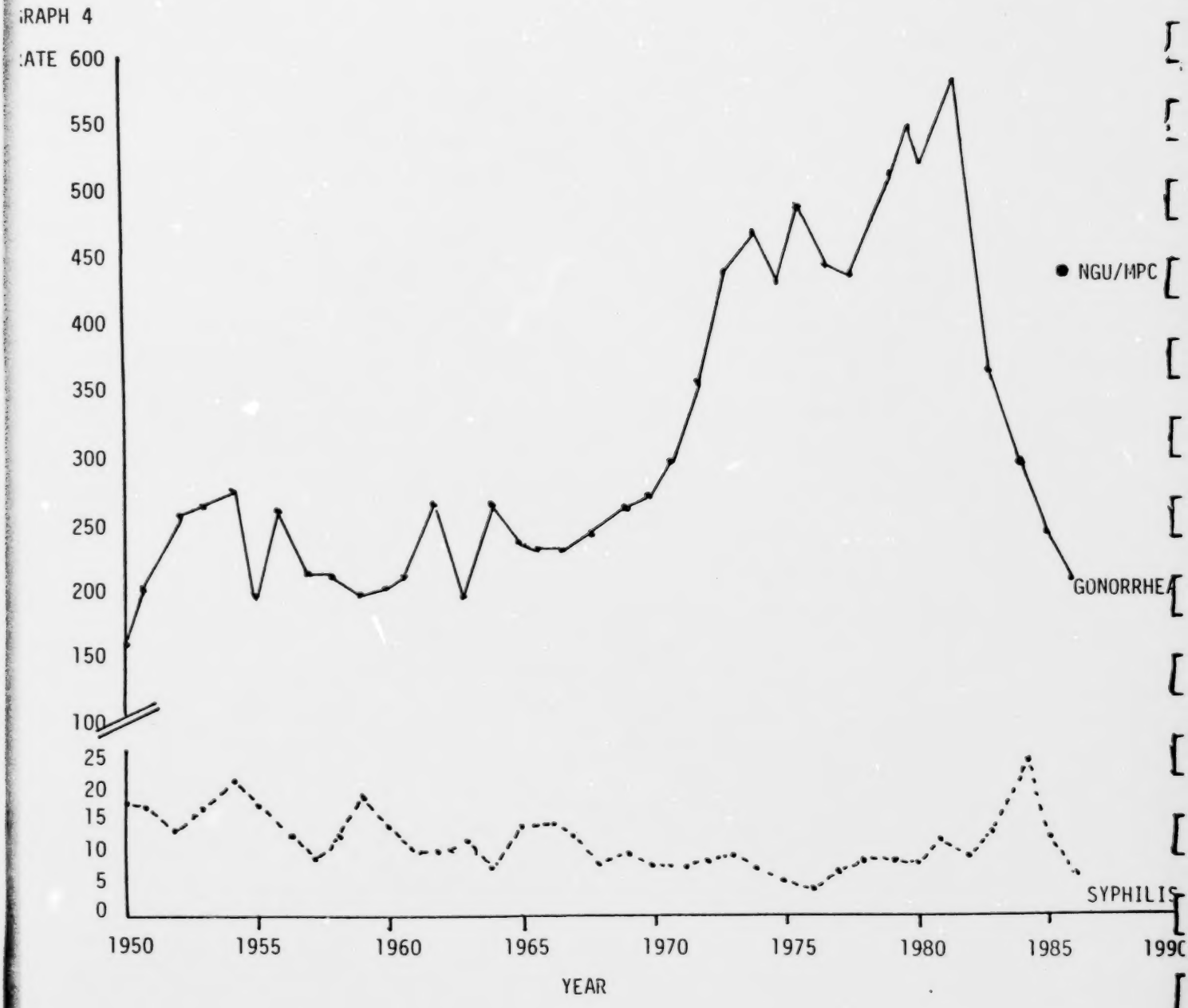
TABLE 7 CASES AND RATES (PER 100,000 POPULATION)

YEAR	GONORRHEA		SYPHILIS	
	CASES	RATES	CASES	RATES
1950	1,981	152.0	165	18.1
1951	1,777	189.1	157	16.7
1952	2,450	251.8	135	13.9
1953	2,508	257.7	159	15.7
1954	2,819	266.7	212	20.1
1955	2,862	180.1	189	17.3
1956	2,842	253.0	145	12.9
1957	2,499	215.4	112	9.7
1958	2,548	211.3	167	13.8
1959	2,407	192.9	226	18.1
1960	2,560	198.3	186	14.4
1961	2,712	203.6	140	10.5
1962	3,560	260.0	134	9.8
1963	4,106	192.7	155	11.0
1964	3,953	276.7	110	7.7
1965	3,455	238.3	203	14.0
1966	3,447	235.7	208	14.2
1967	3,527	236.7	203	13.6
1968	3,729	244.4	118	7.7
1969	3,967	254.3	133	8.5

YEAR	GONORRHEA		SYPHILIS	
	CASES	RATES	CASES	RATES
1970	4,290	268.1	134	8.0
1971	4,806	294.1	127	7.8
1972	5,842	353.2	143	8.6
1973	7,300	434.5	158	9.2
1974	8,036	466.9	136	7.8
1975	7,341	432.4	121	5.9
1976	8,657	480.3	108	5.7
1977	8,208	446.6	132	7.2
1978	8,451	430.9	165	8.4
1979	10,730	529.9	173	8.5
1980	11,474	547.8	181	8.6
1981	11,692	540.2	255	11.8
1982	11,066	476.3	225	9.7
1983	8,021	339.7	306	13.0
1984	6,712	279.9	574	23.9
1985	5,690	233.1	290	11.9
1986	4,991	203.0	162	6.7

ALBERTA

INCIDENCE RATE PER 100,000 POPULATION FOR
SYPHILIS, GONORRHEA AND NON-GONOCOCCAL URETHRITIS/
MUCOPURULENT CERVICITIS 1950 - 1986



PENICILLINASE-PRODUCING NEISSERIA GONORRHOEAE (PPNG) IN ALBERTA
1977 - 1986

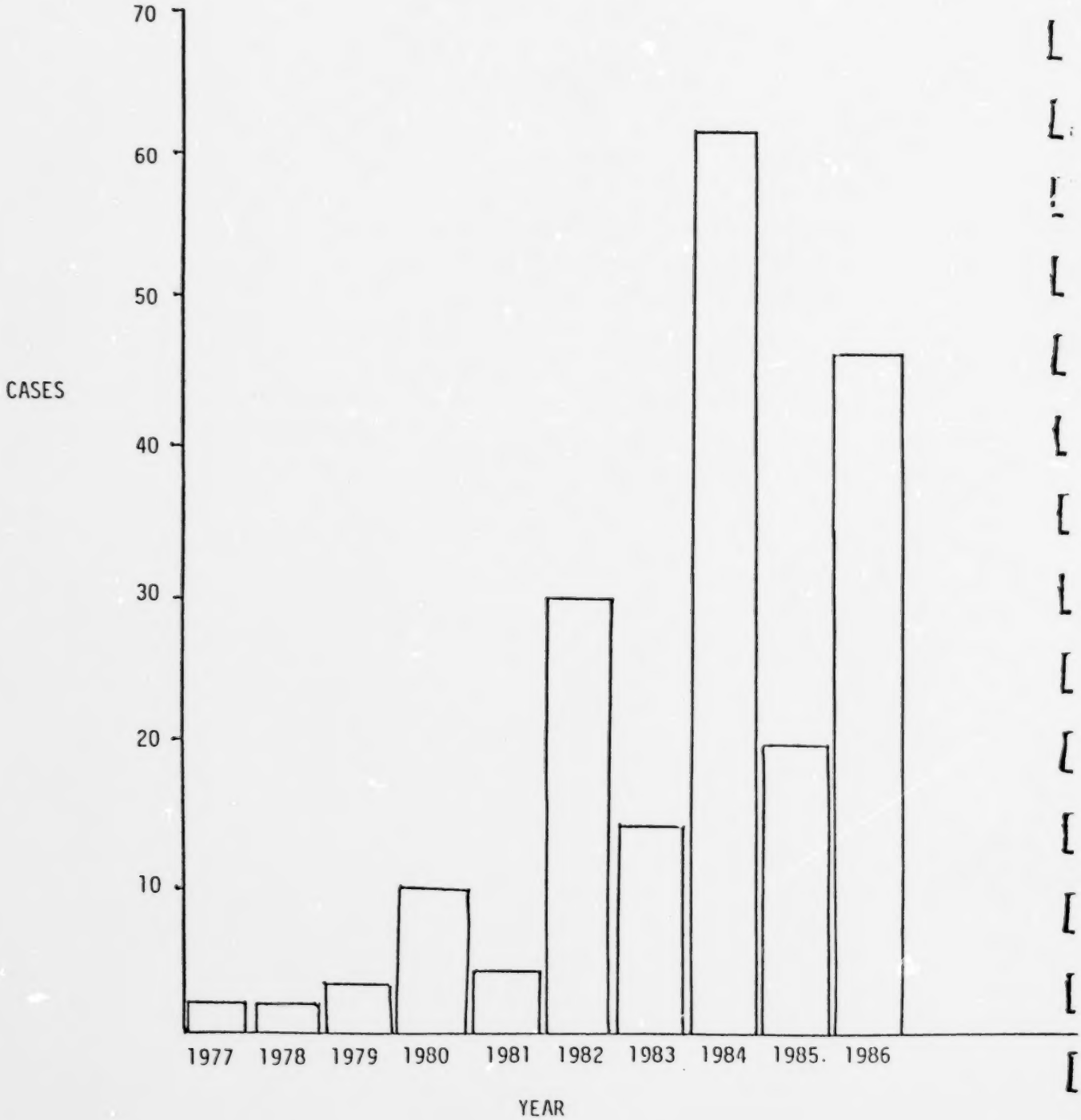
GRAPH 5

Since the first case of PPNG was identified in Alberta in 1977 there have been a total of 199 cases recorded.

There were 47 cases of PPNG in 1986, an increase of 27 cases from 1985 . In 1986 21 (55.3%) cases reported sexual contact in endemic areas abroad while 26 cases denied sexual contact outside Alberta.

CASES OF PENICILLINASE - PRODUCING
NEISSERIA GONORRHOEAE (PPNG)
IN ALBERTA 1977 - 1986

GRAPH 5



ACQUIRED IMMUNODEFICIENCY SYNDROME (AIDS) in ALBERTA
GRAPH 6 and TABLES 8, 9 and 10

Graph 6 and Tables 8, 9 and 10 indicate the number of cases of AIDS reported to Communicable Disease Control since 1983. AIDS is not reportable to Sexually Transmitted Disease Control but is included in this report because its mode of transmission is primarily through sexual contact.

Graph 6 and Table 10 show how the number of cases of AIDS have increased each year from 3 cases in 1983 to 19 cases in 1986. Following a 4.3 fold rise in the number of cases in 1984 and a 2.2 fold rise in 1985, there was a 1.7 fold rise in 1986,giving a total of 48 cases for 1983 - 1986 inclusive.

Table 8 shows reported cases of AIDS by sex and risk group. The homosexual/bisexual group accounted for 79.2% of cases reported, blood transfusion recepients 8.3%, hemophiliacs 6.3% and the pediatric group 4.2%. One case was not categorized by risk group.

Table 9 shows reported cases of AIDS by primary diagnosis. Of 48 cases, 50% presented with Pneumocystis carinii pneumonia, 14.6% with Kaposi's sarcoma and 14.6% with both Pneumocystis carinii pneumonia and Kaposi's sarcoma. 18.8% presented with other opportunistic infections and 2.1% with lymphoma.

ALBERTA: 1983 - 1986

REPORTED CASES OF AIDS BY DATE OF DIAGNOSIS

GRAPH 6

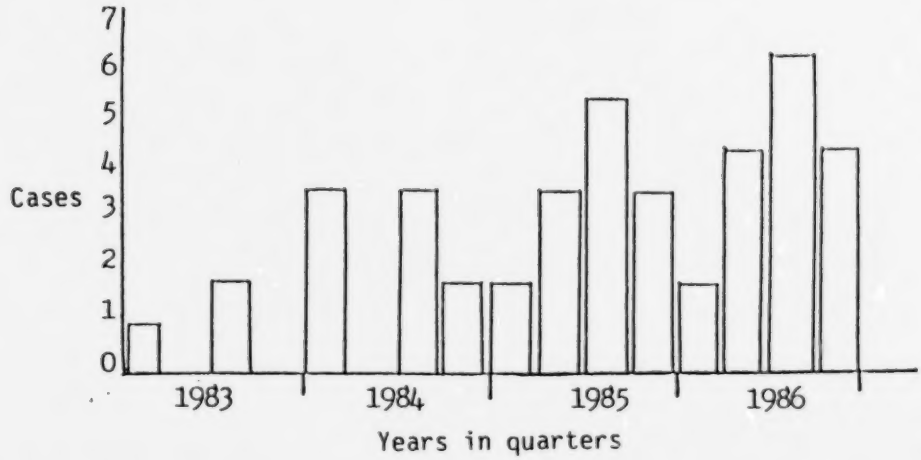


TABLE 8

REPORTED CASES OF AIDS BY SEX AND RISK GROUP

Risk Group	Sex M	Sex F	Total Number	% of Total
Homosexual/Bisexual	38	0	38	(79.2)
Blood Recipient	2	2	4	(8.3)
Hemophilia	3	0	3	(6.3)
Pediatric	1	1	2	(4.2)
Unknown	1	0	1	(2.1)
			48	

ALBERTA: 1983 - 1986

TABLE 9 REPORTED CASES OF AIDS BY PRIMARY DIAGNOSIS

Diagnosis	Alive	Dead	Total
PCP[1] alone	7	17	24 (50%)
KS[2] alone	4	3	7 (14.6%)
PCP & KS	1	6	7 (14.6%)
OOI[3]	5	4	9 (18.8%)
Lymphoma	1	0	1 (2.1%)
Total	18 (37.5)	30 (62.5)	48

1. Pneumocystis carinii pneumonia
2. Kaposi's sarcoma
3. Other opportunistic infections

TABLE 10 CUMULATIVE CASES OF AIDS BY YEAR 1983 - 1986

YEAR	NEW CASES	TOTAL
1983	3	3
1984	10	13
1985	16	29
1986	19	48

NOTIFICATIONS AND CONTACT INFORMATION
TABLE 11

This table outlines both the total number of contacts that were named by patients utilizing the services of the various reporting agencies and the number of those contacts for whom sufficient information was forwarded to permit investigations to be initiated.

It is noted that the number of contacts listed per notification varied widely between reporting agencies. Physicians reported an average of 0.5 contacts per notification, a 0.1 decline over 1985, while the sexually transmitted disease clinics averaged 1.0 contact per notification, a decline of 0.3 over 1985.

66% of the total contacts listed had sufficient information for investigation; this is a slight increase over 1984 and 1985. Of the physicians' notifications 54% had sufficient information to allow investigation while the notifications submitted by the sexually transmitted disease clinics allowed for follow-up of 75% of contacts.

Mobile clinic figures do not appear in this table because most patients located by nurse investigators were directed to a physician for disease confirmation and, therefore, were not interviewed by the investigator.

TABLE 11

ALBERTA: 1986

NUMBER OF CONTACTS LISTED ON
NOTIFICATIONS RECEIVED FOR CASES OF
GONORRHEA, NGU/MPC AND SYPHILIS

REPORTING AGENCY	TOTAL NOTIFICATIONS RECEIVED	CONTACTS - TOTAL LISTED ON NOTIFICATIONS	CONTACTS SUFFICIENT INFORMATION FOR INVESTIGATIONS
Physicians	7892	4279	2240
Edmonton Clinic	4474	4340	3094
Calgary Clinic	2663	2644	2128
Ft. McMurray Clinic	311	310	241
Lethbridge Clinic *	44	43	26
Correctional Institutes	10	5	2
Total	15394	11621	7731

*Lethbridge Clinic statistics to March 1986 only

CONTACT INVESTIGATIONS BY SEXUALLY TRANSMITTED DISEASE CLINICS

TABLE 12

Investigations, conducted by nurse investigators from each of the STD clinics, include the follow-up of contacts to cases of confirmed gonorrhea and syphilis and the location of persons for whom a positive syphilis serology has been received but no record of treatment is available. Investigations of laboratory confirmed Neisseria gonorrhoeae cases, when treatment is not confirmed, are carried out for high risk individuals.

The total number of investigations carried out in 1986 declined 17% over 1985 continuing the trend established in 1982. This is consistent with the decline in the incidence of gonorrhea in the Province since 1982 and syphilis since 1984.

The percentage of contacts traced by individual clinics varied widely. Calgary located 93.6% of the contacts they investigated, Mobile Clinic 90.9% and Edmonton, Ft. McMurray and Lethbridge Clinics 86.8%, 71.7% and 53.4% respectively. This reflects the quality of contact information received from different patient populations.

Investigations of contacts to gonorrhea are closed after 3 months, while those to syphilis remain open for up to one year. 11.7% of contact investigations were closed with failure to locate the contact.

ALBERTA: 1986

NUMBER AND OUTCOME OF INVESTIGATIONS
CARRIED OUT BY SEXUALLY TRANSMITTED DISEASE CLINICS

TABLE 12

	CONTACT INVESTIGATIONS			POSITIVE TESTS INVESTIGATIONS *		
CLINICS	LOCATED	CLOSED/ UNLOCATED	REMAINING OPEN	COMPLETED	REMAINING OPEN	TOTAL
EDMONTON	1130	172	33	466	18	1819
CALGARY	775	53	4	143	11	986
FT. McMURRAY	142	56	6	74	4	282
LETHBRIDGE**	16	14	1	16	9	56
MOBILE	703	70	33	359	18	1183
TOTAL	2766	365	77	1058	60	4326

*Follow-up to positive cultures and serology

** Lethbridge Clinic statistics until March only

SEXUALLY TRANSMITTED DISEASE CLINICS : WORKLOAD

TABLE 13 and 14

The number of new admissions to the clinics in Edmonton and Calgary declined 12.6% and 10.2% respectively while those in Fort McMurray increased by 10.3% when compared to 1985. All three clinics had a decline in total patient visits - Edmonton 5.4%, Calgary 5.2% and Fort McMurray 1.0%. Mobile clinic patient visits declined by 14.6%. These figures correspond to the overall reduction in the number of cases of gonorrhea and syphilis.

During 1986 there was a gradual increase in the number of individuals requiring services related to HIV antibody counselling and, in some cases, screening. Follow-up of seropositive individuals and counselling of many concerned patients increased the average amount of time each patient spent with a staff member. The clinics screened a total of 121 individuals for HIV antibody during 1986, 84 in Edmonton, 132 in Calgary and 5 in Fort McMurray.

TABLE 13

ALBERTA: 1986

SEROLOGIC TEST FOR SYPHILIS AND HIV[1] ANTIBODY

SEROLOGICAL TESTS	EDMONTON	CALGARY	LETHBRIDGE[2]	FT. MCMURRAY	MOBILE[3]
SYPHILIS:					
Clinic Patients	7887	6688	77	480	64
Pre-marital	4006	5170	117	0	0
Pre-employment	128	1	0	45	0
TOTAL	12021	11859	194	525	64
HIV[1] ANTIBODY	84	132	0	5	0

TABLE 14 PATIENT UTILIZATION OF STD CLINICS

PATIENT VISITS	EDMONTON	CALGARY	LETHBRIDGE[2]	FT.MCMURRAY	MOBILE[3]
New Admissions	4155	3570	65	374	0
Total visits	16013	11184	157	1225	462

1. HIV - Human Immunodeficiency Virus
2. Lethbridge Clinic statistics until March only
3. Mobile Clinic records visits made to patients by nurse investigators

SEXUALLY TRANSMITTED DISEASE CLINICS
LABORATORY INVESTIGATIONS

TABLE 15

Comparison with 1985 figures shows the number of cultures taken for gonorrhea increased by 9% in males and 6.7% in females. The numbers of positive isolates increased 14% and 3.9% in males and females respectively. This occurred during a year when the gonorrhea rate fell from 233.1 to 203, but the clinics were participating in several research projects in which more than one culture was taken for a specific laboratory examination.

Darkfield examinations for Treponema pallidum declined by 64.3%, from 462 in 1985 to 165 in 1986. Positive darkfield examinations declined 86.5% to 7 in 1986. This corresponds to the decline in infectious syphilis since the outbreak that peaked in 1984.

The number of urethral smears taken for non-gonococcal urethritis increased by 32.3% and the number of positive smears by 24.2%. When comparing smears that were positive for non-gonococcal urethritis with those positive for gonorrhea the rate is 4.7:1.

The number of cultures taken for Chlamydia trachomatis increased 39.5% and positive isolates by 44.7%. Herpes simplex virus was isolated in 29.7% of cultures taken, an increase of 8.9% over 1985. Gardnerella vaginalis was isolated in 39.2% of 3315 specimens, a decline of 6.3%, but the number of cultures taken increased 117.8% over 1985.

TABLE 15

ALBERTA 1986: SEXUALLY TRANSMITTED DISEASE CLINICS
LABORATORY INVESTIGATIONS

		EDMONTON CLINIC		CALGARY CLINIC		FT. MCMURRAY CLINIC		LETHBRIDGE CLINIC		TOTAL	
		Taken	Positive	Taken	Positive	Taken	Positive	Taken	Positive	Taken	Positive
URETHRAL SMEARS FOR NON-GONOCOCCAL URETHRITIS		6699	2901	4667	1598	287	82	24	12	11677	4593
URETHRAL SMEARS FOR N. GONORRHEA		6699	551	4667	359	287	65	24	9	11677	984
GONORRHEA CULTURES MALE	Urethral	10646	993	5457	401	353	47	64	12	16520	1453
	Rectal	225	11	327	15	2	-	2	-	556	26
	Pharyngeal	2026	26	1674	21	180	-	44	1	3924	48
	TOTAL	12897	1030	7458	437	535	47	110	13	21000	1527
GONORRHEA CULTURES FEMALE	Cervix/Urethra	10424	871	4433	219	752	75	28	1	15637	1166
	Rectal	3632	172	2555	93	198	10	24	2	6409	277
	Pharyngeal	2983	84	2055	47	156	4	14	-	5118	135
	TOTAL	16949	1127	9043	359	1106	89	66	3	27164	1578
DARKFIELD EXAMINATIONS FOR T.PALLIDUM		143	4	14	2	8	1	-	-	165	7
CULTURES FOR CHLAMYDIA TRACHOMATIS		7674	783	7265	667	783	104	90	10	15812	1564
CULTURES FOR HERPES SIMPLEX VIRUS		1130	321	922	300	150	33	4	2	2206	656
CULTURES FOR CANDIDA ALBICANS		3055	536	1531	374	739	86	28	2	5353	998
MICROSCOPY FOR TRICHOMONAS VAGINALIS		3057	159	1362	75	739	20	28	3	5186	257
CULTURES FOR GARDNERELLA VAGINALIS		1796	476	1257	740	261	83	1	-	3315	1299

*LETHBRIDGE CLINIC STATISTICS UNTIL MARCH ONLY

EDUCATION ACTIVITIES

TABLE 16

The education department of Sexually Transmitted Disease Control provides resource personnel for consultation and delivery of sexually transmitted disease education to a wide variety of audiences.

The total number of educational presentations delivered increased 49% over 1985. Junior and senior high school presentations increased to 245 and 182 respectively, indicating the continuing focus on education for this target population.

The number of hospital staff presentations increased 66%. This increase was stimulated primarily by the need for information on AIDS, with a secondary need to update information on the other sexually transmitted diseases. There was a 63% increase in medical students/residents and a 113% increase in nursing students involved in clinical experience at the STD Clinics.

Public awareness was increased during 1986 by staff involvement in seminars and presentations to community groups. Sexually Transmitted Disease Control's Medical Staff appeared on various radio and television programs, providing audiences across Alberta with information about sexually transmitted diseases including AIDS.

TABLE 16

ALBERTA: 1986

SEXUALLY TRANSMITTED DISEASE - EDUCATIONAL PRESENTATIONS

TYPE	NUMBER
Schools - Junior High	245
- Senior High	182
College Programs	26
Nursing/Health Care	19
Institutions/Hospitals	78
Health Units/Northern Nurses'	25
Correctional Institutes	30
Life Skills/Adult Improvement	59
General Public/Parent	46
Media	11
Presentations by Medical Staff	35
Total	756

Individuals attending STD Clinic for Clinical Experience

Medical students/residents	129
Nursing students	32